attached



10801 University Blvd • Manassas, VA 20110-2209 • Telephone: 703-365-2700 • FAX: 703-

BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

INTERNATIONAL FORM

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT ISSUED PURSUANT TO RULE 7.3 AND VIABILITY STATEMENT ISSUED PURSUANT TO RULE 10.2

To: (Name and Address of Depositor or Attorney)

Brigham & Women's Hospital Attn: Gregory L. Stahl Dept. of Anesthesia, 75 Francis Street Boston, MA 02115

Deposited on Behalf of:

Brigham and Women's Hospital

Identification Reference by Depositor:

ATCC Designation

Mouse hybridoma hMBL1.2 HB-12619
Mouse hybridoma 2A9 HB-12620
Mouse hybridoma 3F8 HB-12621

The deposits were accompanied by: ___ a scientific description _ a proposed taxonomic description indicated above. The deposits were received <u>December 16, 1998</u> by this International Depository Authority and have been accepted.

AT YOUR REQUEST: X We will inform you of requests for the strains for 30 years.

The strains will be made available if a patent office signatory to the Budapest Treaty certifies one's right to receive, or if a U.S. Patent is issued citing the strains, and ATCC is instructed by the United States Patent & Trademark Office or the depositor to release said strains.

If the cultures should die or be destroyed during the effective term of the deposit, it shall be your responsibility to replace them with living cultures of the same.

The strains will be maintained for a period of at least 30 years from date of deposit, or five years after the most recent request for a sample, whichever is longer. The United States and many other countries are signatory to the Budapest Treaty.

The viability of the cultures cited above was tested January 20, 1999. On that date, the cultures were viable.

International Depository Authority: American Type Culture Collection, Manassas, VA 20110-2209 USA.

Signature of person having authority to represent ATCC:

Barbara M. Hailey, Administrator, Patent Pepository

Date: January 21, 1999

cc: Helen Lockhart (Ref. B0801/7130)

Express Mail No: EL018081415US

DEC 01,38 13:00

http://www.utec.org/forms/formbp1.htr

Budapest Treaty Deposits

American Type Culture Collection

10801 University Blvd., Manasses, VA 20110-2209 Tel. (703) 365-2700: Fax (703) 365-2745

TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

All QUESTIONS MUST BE COMPLETED. PLEASE USE ONE FORM PER EACH STRAIN DEPOSITED.

SOUICE of isolation and any known hazards appealing a	ne including genus and species and source of material; If virus, name raphic location; if cell line, provide tissue & species, geographical V, EBV, etc.); if genetic materials, name of organism from which tified by species (e.g. human, mouse) or scientific name and provide
3F8 Hybridoma - Mouse anti-human mannose	binding lectin antibody
2. Strain designation (i.e., number, symbols, etc). 3F8	
*The strain designation must correspond with the vial labels.	
3. Is this an original deposit under the Budapest Treaty? Yes	
4. Is this a request for a conversion of a deposit already at the A indicate ATCC designation. No	TCC to meet the requirements of the Budapest Treaty? If so, please No.
5. Is this deposit a mixture of microorganisms or cells? No	
6. Provide details necessary to cultivate, test for viability and method to check presence. (If plasmid, provide name of host & a	store deposit. If mixture, provide description of components and a ntibiotic resistance). See attachment
7. Provide sufficient description so that ATCC may confirm depo	slt properties (e.g., Gram negative rod) Mouse IgGlk isotype
a. If deposit is a cell culture, is it being cultured in the presence o	f antibiotics? If so, please list the antibiotics.
b. If deposit is hybridoma, what is the isotype of antibody produced? $\ \ \ \ \ \ \ \ \ \ \ \ \ $	
8 is this strain hazardous to humans? <u>No</u> animals? <u>Na</u>	O , plants? N() If yes, what is the recommended biosafety

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	level for worlding with this strain	19-1-0-11	
	Molecules, NIH Guidelines, January 1996) (www.nih.gov	/lod/orda/toc.htm]	s for Research Involving Recombinant DNA
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	9. Availability: Prior to Issuance of a	U.S. Patent ATCC will action as	e a culture available as instructed by the
	depositor or relevant patent office. Sample	is must be provided to a specific in	e a culture available as instructed by the nvestigator if a pertinent patent office under
	the Budapest Treaty Instructs ATC	C to do so. The following	questions must be answered
			·
	a. As of date of deposit or conversion to meet the requanyone who requests a culture? If yes, the	illements of the Budanest Tmob.	de una ser ou a
	anyone who requests a culture? If yes, the	ere are no restrictions on	distribution. Yes No Y
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	b. As of date of dangsit or conversion to meet the more		
	 As of date of deposit or conversion to meet the requesters which satisfy Patent Offices in countries not 	signatory to the Budapest Treaty.	do you wish the deposit made available to
	If "yes," please state which countries below. Yes		
	The state of the s	No	
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	Please note that if you are converting your deposit to		
	Please note that if you are converting your deposit to released for distribution due to the issuance of a U.	neet the requirements of the Buda S. Patent, you cannot restrict a fro	ipest Treaty, and your deposit has already
		:	ייייי ופוטופי פופטוטעוסה.
	After a II C. Date at		
	After a U.S. Patent issues, and we are so notified, ATO U.S. Patent and Trademark Office Rules and Regulation	CC makes the culture available to s (37 CFR > 1.808 (a)(21).	anyone who requests it, as allowed under
Form BP/1 F	Page 1 of 2 Rev. 1/97		
	10. Do you wish ATCC to inform you of all requests for the	da analis e n	
		nis strain7 Yes No	
	11. ATCC will notify you of your ATCC number after conf	firmation of viability testing is comp	lete (No Chame)
Name of Indi	ividual to notify: Gregory L. Stahl		(No onlinge).
		:	
		:	
	Fax No. Telephone No. 617/278-6957		
	13. Brownest householder		
	12. Payment by check, or credit card (MasterCard, arrangements for billing have been made and approved person who should receive invoice. Also, please include the control of the control	VISA or American Express), mi	est accompany the deposit unless prior
	person who should receive invoice. Also, please include F	P.O. number.	le to bill you for services, please indicate
	Purchase order # 2882	Please send invo	ice to: James A. Webber, Jr.
	Credit Card number (indicate MasterCard, VISA.		BWH Anesthesia Foundation
		:	75 Francis Street
or American	Express) Expiration Date	:	Boston, MA 02115
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http://www.atec.org/forms/formbp1.htm

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For ATCC use only: Auth:#:	ROC
13 Name, address, telephone and facsimile num BO801 / 7130) (see attach	ober of your attorney of record. (<u>Ref: Docket or Case No.</u>
14. MUST BE COMPLETED. Deposited on behalf of: (V company or institute, and normally is not an Individual.)	Verify with your management who owns the deposit. The owner is usually a srigham and Women's Hospital
CUITURE SHOULD DIE DE DO COSTONIO DE CONTROL	me for a period specified in Rule 9.1 of the Budapest Treaty (at least nost recent request for the deposit, whichever is longer), and that if a period of time so specified, it is my responsibility to replace it of viruses, cell cultures, plasmids, embryos, and seeds, it is my period of time specified above.
Typed Name Signature Date Address. Address. THIS FORM MUST BE COMPLETED IN ENG	Therapeutics and Reperfusion Injury igham & Women's Hospital, 75 Francis Street LISH Boston, MA 02115
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American Type Culture Collection

10801 University Blvd , Manassas, VA 20110-2209 Tel (703) 365-2700; Fax (703) 365-2745

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All QUESTIONS MUST BE COMPLETED. PLEASE USE ONE FORM PER EACH STRAIN DEPOSITED.

1. Name of deposit. (If microorganism, complete scientific name including genus and species and source of material; if virus, name and whether or not plant or animal and source including geographic location; if cell line, provide tissue & species, geographical source of isolation and any known hazards associated (e.g. HIV, EBV, etc.): if genetic materials, name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name and provide name of gene and identity of the host organism.)

of the flost organism.)	s and provide
hMBL1.2 - mouse anti-human mannose bindir	ig lectin antibody
2. Strain designation (i.e., number, symbols, etc). hMBL1.2	
*The strain designation must correspond with the vial labels.	
3. Is this an original deposit under the Budapest Treaty? Yes	· ·
Is this a request for a conversion of a deposit already at the indicate ATCC designation.	ATCC to meet the requirements of the Budapest Treaty? II so, please
5. Is this deposit a mixture of microorganisms or cells? No	·
Provide details necessary to cultivate, test for viability and method to check presence. (If plasmid, provide name of host & a	store deposit. If mixture, provide description of components and a ntibiotic resistance) See attachment
7 Provide sufficient description so that ATCC may confirm deport	:
a If deposit is a cell culture, is it being cultured in the presence of	! antibiotics? If so, please list the antibiotics
If deposit is hybridinial, what is the isotype of antibody produced? IgG	ik :
8 is this strain nazardous to humans? NO animals? No	Dants? No II yes, what is the recommended biosafety

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level for working with this strain	·	/Pat 0 14 4	_	
Molecules, NIH Guidelines, Janua	ry 1996) (www.nih gov/od/orda/(c	c.htm]	Research Involving Recombinant DNA	
9. Availability: Pri depositor or relevant the Budapest Tre	or to issuance of a U.S.:Pater patent office. Samples must be eaty instructs ATCC to di	ATCC will only make a provided to a specific investorm so The following quality	culture available as instructed by the ligator if a pertinent patent office under uestions must be answered	
a. As of date of deposit or convers anyone who requests a cu	sion to meet the requirements of iture? If yes, there are	f the Budapest Treaty, do y no restrictions on dis	ou wish the deposit made available to stribution. Yes No _X	
b. As of date of deposit or convent requesters which satisfy Patent Off	sion to meet the requirements o	I the Budapest Treaty, do y	ou wish the deposit made available to	
If "yes," please state which count			, and available to	
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Please note that if you are conver been released for distribution due to	ting your deposit to meet the report the issuance of a U.S. Patent, y	quirements of the Budapest ou cannot restrict it from fu	Treaty, and your deposit has already ther distribution.	
After a U.S. Patent issues, and we U.S. Patent and Trademark Office F	e are so notified, ATCC makes Rules and Regulations (37 CFR	he culture available to anyon	ne who requests it, as allowed under	
Form BP/1 Page 1 of 2 Rev. 1/97	•	(1,000 [d](2]).		
10. Do you wish ATCC to inform you	u of all requests for this strain? Y	es X No	- -	
11. ATCC will notify you of your ATC	20 avelous a			
11. ATCC will notify you of your ATC Name of Individual to notify: Gregory L.	C number after confirmation of	riability testing is complete (I	No Charge).	
Gregory L.	Stanl :			
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Fax No. Telephone No. 617/2	78–6957			
	•			
12. Payment by check, or credit arrangements for billing have been person who should receive invoice. A	card (MasterCard, VISA or A made and approved If arrange	merican Express), must ac ments have been made to l	ccompany the deposit unless prior bill you for services, please indicate	
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Credit Card number (indicate Master	Cam' VISA	2	BWH Anesthesia Foundat	io
or American Express) Expiration Date			75 Francis Street	
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13. Name, address, telephone and facsimile	number of your an-	
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ped Name Signature Dale Gregory L. Stahl		
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Budapest Treaty Deposits

American Type Culture Collection

10801 University Blvd., Manassas, VA 20110-2209 Tel. (703) 365-2700: Fax (703) 365-2745

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All QUESTIONS MUST BE COMPLETED. PLEASE USE ONE FORM PER EACH STRAIN DEPOSITED.

	source of isola	ation	t. (If microorganism, complete scientific name including genus and species and source of ma of plant or animal and source including geographic location; if cell line, provide tissue & so and any known hazards associated (e.g. HIV, EBV, etc.); if genetic materials, name of contraction and contraction of the DNA insert identified by species (e.g. human, mouse) or scientificantity of the host organism.)	Decies genorablea
9	Hybridoma		Mouse anti-human mannose binding lectin antibody	

- 2. Strain designation (i.e., number, symbols, etc). 2A9
- The strain designation must correspond with the vial labels.
- 3. Is this an original deposit under the Budapest Treaty? Yes
 - 4. Is this a request for a conversion of a deposit already at the ATCC to meet the requirements of the Budapest Treaty? If so, please indicate ATCC designation. No
- 5. Is this deposit a mixture of microorganisms or cells? No
 - 6. Provide details necessary to cultivate, test for viability and store deposit. If mixture, provide description of components and a method to check presence. (If plasmid, provide name of host & antibiotic resistance).

 See attachment
 - 7. Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod). Mouse IgGlk isotype
 - a If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics
- bill deposit is hybridoma, what is the Isotype of antibody produced? I gG1k
 - B. Is this strain hazardous to humans? No , animals? No , plants? No II yes, what is the recommended biosafety

http://www.atec.org/forms/formbpl.h.

Molecules. NIH Guidelines, January 1990 [www.nih.gov/od/orda/toc.htm] (Ref. Guidelines for Research Involving Recombinant DNA Molecules. NIH Guidelines, January 1990 [www.nih.gov/od/orda/toc.htm] (Ref. Guidelines for Research Involving Recombinant DNA Molecules. NIH Guidelines, January 1990 [www.nih.gov/od/orda/toc.htm] (Ref. Guidelines for Research Involving Recombinant DNA Molecules. NIH Guidelines, January 1990 [www.nih.gov/od/orda/toc.htm] (Ref. Guidelines for Research Involving questions of the Budapest Treaty application of the Budapest Treaty applications of the Budapest Treaty, do you wish the deposit made available to anyone who requests a culture? If yes, there are no restrictions on distribution. Yes NoX
a. As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit made available to anyone who requests a culture? If yes, there are no restrictions on distribution. Yes NoX_ b. As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit made available to requesters which satisfy Patent Offices in countries not signatory to the Budapest Treaty. do you wish the deposit made available to requesters which satisfy Patent Offices in countries not signatory to the Budapest Treaty. If "yes," please state which countries below. Yas NoX Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty, and your deposit has already been released for distribution due to the issuance of a U.S. Patent, you cannot restrict it from further distribution. After a U.S. Patent issues, and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under U.S. Patent and Trademark Office Rules and Regulations (37 CFR > 1.806 [a][2]). Form 8P/1 Page 1 of 2 Rev. 1/97 10. Do you wish ATCC to inform you of all requests for this strain? YesX No
b. As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit made available to requesters which satisfy Patent Offices in countries not signatory to the Budapest Treaty? If "yes," please state which countries below. Yes
Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty, and your deposit has already been released for distribution due to the issuance of a U.S. Patent, you cannot restrict it from further distribution. After a U.S. Patent issues, and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under U.S. Patent and Trademark Office Rules and Regulations (37 CFR > 1.808 [a][2]). Form BP/1 Page 1 of 2 Rev. 1/97 10. Do you wish ATCC to inform you of all requests for this strain? Yes
Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty, and your deposit has already been released for distribution due to the issuance of a U.S. Patent, you cannot restrict it from further distribution. After a U.S. Patent issues, and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under U.S. Patent and Trademark Office Rules and Regulations (37 CFR > 1.808 [a][2]). Form 8P/1 Page 1 of 2 Rev. 1/97 10. Do you wish ATCC to inform you of all requests for this strain? Yes
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Form 8P/1 Page 1 of 2 Rev. 1/97 10. Do you wish ATCC to inform you of all requests for this strain? Yes X No
Form 8P/1 Page 1 of 2 Rev. 1/97 10. Do you wish ATCC to inform you of all requests for this strain? Yes X No
11. ATCC will notify you of your ATCC number after confirmation of viability testing is complete (No Charge). Name of Individual to notify: Gregory L. Stahl Fax No. Telephone No. 617/278-6957
Name of Individual to notify: Gregory L. Stahl Fax No. Telephone No. 617/278-6957
Name of Individual to notify: Gregory L. Stahl Fax No. Telephone No. 617/278-6957
12. В
12. Payment by check, or credit card (MasterCard, VISA or American Express), must accompany the deposit unless prior arrangements for billing have been made and approved. If arrangements have been made and approved.
arrangements for billing have been made and approved. If arrangements have been made to bill you for services, please include P.O. number.
Purchase order # 2882 Send invoice to: James A. Webber, Jr.
Credit Card number (indicate MasterCard, VISA. BWH Anesthesia Foundation
or American Express) Expiration Date 75 Francis Street Boston, MA 02115
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Type or print the name shown on credit card Signature

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